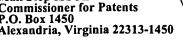
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





or Fax

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

	CE ADDRESS (Note: Use Block 1 for 590 12/16/2005	any change of address)	papers. Each addition	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
SWIDLER BER 3000 K STREET, BOX IP	LIN LLP NW		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON,	DC 20007			transmitted to the US	P10 (5/1) 2/3-2885, on the c	(Depositor's name)	
					<del></del>	(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/670,514	09/26/2003	Herbert (		C. Boehm	20002.0339	4064	
TITLE OF INVENTION: N	IETHOD FOR MAKING M	IULTILAYER GOL	F BALL				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/16/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦		
GORDON, RAEANN		3711		473-354000	_		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Acushnet Company  Fairhaven, Massachuse 1501  Acushnet Company  Fairhaven, Massachuse 1501  Fairhaven, Massachuse 1501  Fairhaven (PTO/SB/12) 1408, 80 DA  10670514  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual Corporation or other private group entity Government							
4a. The following fee(s) are			4b. Payment of Fee(s):				
⊠4ssue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 10			$\square$ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $19-5127$ (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)				☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and Finterest as shown by the rec	is requested to apply the Iss rublication Fee (if required) ords of the United States Pat	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if and I from anyon Office.	ny) or to re-apply any previous e other than the applicant; a re	sly paid issue fee to the applications gistered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature Stephanie Sungo			Date 3-14-04				
Typed or printed name <u>Stephanie D. Scruggs</u>		Scruggs	Registration No. 54,432				
Alexandra, Virginia 22313	1430.			to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any onation Officer, U.S. Patent and FORMS TO THIS ADDREST lection of information unless i			